U.S. Department of Labor Office of Labor-Management Stendards Washington, DC 20210

> For Omelan Use Conly Street NIG 15 2005

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6207	2. Fiscal Year Covered From:
	11/11/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name VICKI GGTIN SHAPIRO	Name SCREEN ACTORS GUILD
	Labor Organization File Number 000-113
P.O. Box, Bldg., Room No., if any	Р.О. Вох, Building and Room Number, if any
Street 3910 COOY ROAD	Street 5757 WILSHIRE BLVD
CITY SHERMAN OAKS	City LOS ANGELES
State CALIFORNIA ZIP Code +4 91403	State CALIFORNIA ZIP Code + 4 90036
5. Position in labor organization. ASSISTANT GE	NERAL COUNSEL
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name PARAMOUNT PICTURES	PAID FOR MY LUNCH ON
Trade Name, if any:	8-11-05
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 5555 MELROSE AVE	
City LOS ANGELES	APPROX. \$30
State CALIFORNIA ZIP Code +4 90038	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ing documents), has been examined by the signatory and is, to the best of the
Signed Dicke Heten Anapu	d on 8-8-05 818-788-5859
	Date Telephone Number

Inable of Person Filling VICRI GUTIN S	HAPIRO THE MINDER OF
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other, of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name (EXIS - NEXIS Trade Name, if any: P.O. Box, Bldg., Room No., if any / 900 Street (I) W L+12 ST City LOS ANGELES State CA ZIP Code +4 90017	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name DELIEVE THEY DO BUSINE WITH VARIOUS SIGNATORY Trade Name, if any: EMPLOYERS (SPECIFIC: DNKNOWN TO HE) P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
	12.b. Amount. APPROX 40
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing VICKI GUTIN SH	APIRO File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, setling or leasing to, or otherwing an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or setling or leasing directly or indirectly our labor organization or with a trust in which your labor organization.	oly seeking to represent, or ectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name MAJOR, HAGENE AFRICA	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 801 S. FIGUER OA 11th FLR	
CILY LOS ANGELES	
State CALIFORNIAZIP Code +4 90017	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name F RELIEVE THEY DO BUSINE WITH VARIOUS SIGNATORY Trade Name, if any: UNICNOWN TO ME) P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. PROVIDES LOB SEARCHE (A6SISTS IN LOCATING SUITABLE CANDIDATES FOR EXECUTIVE LEVEL LOB VACANCIES) 11.b. Approximate dollar value of such dealing. UNKNOWN 12.a. Nature of interest held or income received. PAID FOR MY LUNCH ON 11-18-04
	12.b. Amount. APPROX 30
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value.
or from any labor relations consultant to an employer any payment of more 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Code + 4	

or Consultant

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13.b. Is the Business an Employer

Name of Person Filing VICKI GUTIN SH	IAPIRO File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwork or employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	oly seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name O'MELVENY & MYERS	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street LIO NEWPORT CENTER DRIVE 17Th FLOOR	
City NEWPORT BEACH Store CA ZIP Code + 4 92660	
Charles	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name.	PROVIDES LEGAL SERVICES
Name I GELIEVE THE FIRM DOES BUSINESS WITH VARIOUS SIGNATORY ENPLOYERS	
P.O. Box. Bidg., Room No., if any	
and the second s	
Street	11.b. Approximate dollar value of such dealing. UN KNOWN
Cily	12.a. Nature of interest held or income received. LAW FIRM PAID FOR MY LUNCH ON THE
State ZIP Code + 4	FOLLOWING DATES, GENERATING
	IN DEPOSITIONS COURT HEARINGS
	NEDIATIONS OR SETTLEMENT CONFERENCES: 2-27, 3-1, 3-5, 3-22, 4-5, 4-6, 4-7, 5-17, 6-10, 6-12, 7-15, 8-10' 8-14, 8-27, 12-10, 112-16 (SOME DATES MAY HAVE CANCELLED)
	12.b. Amount. APPROX 7330
	12.6. Associate Pyly 100 Pyly
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	der parts A and B above) by or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
(REQUIRE BOOK HOUSE, A CHY).	
Name	
Trade Name, if any:	
P.O. Sox, Bldg., Room No., if any	
Street	
ayan kang mga garang managan ang pang pang pang pang pang pang	
City	

13.b. Is the Business an Employer

State

ZIP Code + 4

or Consultant

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	reta Municipality
Name of Person Filing VICKI GUTIN SH	APIRO File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, setting or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or setting or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	oly seeking to represent, or recity to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name O'MELVENY & MYERS	a. Labor Organization
Trade Name, if any: (b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street LIO NEWPORT CENTER Street LIO NEWPORT FLOOR	
NEW ORL DET	
State CA ZIP Code +4 92 CCO	
	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name.	PROVIDES LEGAL SERVICES
Name I DELIEVE THE FIRM DOES BUSINESS WITH VARIOUS Trade Name, if any: SIGNATORY EMPLOYER (SPECIFICS UNKNOWN TO ME)	
P.O. Box, Bldg., Room No., if any	
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City	12.a. Nature of interest held or income received. CELEBRATED NY RETIREMENT WITH DINNER (MY HUSDAND AKENDED) & GIFT OF MOVIE THEATER GIFT CERTIFICATES
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City	12.a. Nature of interest held or income received. CELEBRATED NY RETIREMENT WITH DINNER (MY HUSDAND ATTENDED) & GIFT OF MOVIE THEATER GIFT CERTIFICATES 12-20-05
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City	12.a. Nature of interest held or income received. CELEBRATED MY RETIREMENT WITH DINNER (MY HUSDAND ATTENDED) & GIFT OF MOVIE THEATER GIFT CERTIFICATES 12-20-05 12.b. Amount. APPROX 325
City State ZIP Code + 4:	12.a. Nature of interest held or income received. CELEBRATED MY RETIREMENT WITH DINNER (MY HUSDAND ATTENDED) & GIFT OF MOVIE THEATER GIFT CERTIFICATES 12-20-05 12.b. Amount. APPROX 325
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held or income received. CELEBRATED NY RETIREMENT WITH DINNER (MY HUSDAND ATTENDED) & GIFT OF MOVIE THEATER GIFT CERTIFICATES 12-20-05 12.b. Amount. APPROX 325 Ser parts A and B above) By or other thing of value.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received. CELEBRATED NY RETIREMENT WITH DINNER (MY HUSDAND ATTENDED) & GIFT OF MOVIE THEATER GIFT CERTIFICATES 12-20-05 12.b. Amount. APPROX 325 Ser parts A and B above) By or other thing of value.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income received. CELEBRATED NY RETIREMENT WITH DINNER (MY HUSDAND ATTENDED) & GIFT OF MOVIE THEATER GIFT CERTIFICATES 12-20-05 12.b. Amount. APPROX 325 Ser parts A and B above) By or other thing of value.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income received. CELEBRATED NY RETIREMENT WITH DINNER (MY HUSDAND ATTENDED) & GIFT OF MOVIE THEATER GIFT CERTIFICATES 12-20-05 12.b. Amount. APPROX 325 Ser parts A and B above) By or other thing of value.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.a. Nature of interest held or income received. CELEBRATED NY RETIREMENT WITH DINNER (MY HUSDAND ATTENDED) & GIFT OF MOVIE THEATER GIFT CERTIFICATES 12-20-05 12.b. Amount. APPROX 325 Ser parts A and B above) By or other thing of value.
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or Consultant

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13.b. Is the Business an Employer

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Name of Porson Filling VICKI GUTIN SHA	PIRO File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwise an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly dealing with your labor organization or with a trust in which your labor organization.	ly seeking to represent, or ectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business doals with:
Name THOMSON - WEST	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street 433 W 5 th STREET	✓ c. Employer
City LOS ANGELES	
State CALIFORNIA ZIP Code +4 90079	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name I BELIEVE THEY DO BUSINES WITH VARIOUS SIGNATORY Trade Name, if any: EMPLOYERS (SPECIFICS UNKNOWN TO ME) P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PROVIDES DATA SERVICE S
F.O. Bux, Blug., Nosin No., 1 any	and the contract of the contra
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City	12.a. Nature of interest held or income received.
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City	12.a. Nature of interest held or income received.
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City State ZIP Code + 4 C. Received from any employer (other than an employer covered und	12.a. Nature of interest held or income received. GIFT OF THERMOS 12.b. Amount. A MROXIMATELY 20 er parts A and B above)
City State ZIP Code + 4 C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held or income received. GIFT OF THERMOS 12.b. Amount. A MROXIMATELY 20 er parts A and B above) or other thing of value.
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or Consultant

13.b. is the Business an Employer

Name of Person Filing	VICKI	GUTIN	SHAPIRO	File Number U-

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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name ALSCHULER GROSSMAN, STEIN SKAHAN LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any 4+1 FLOOR Street 1620 26+1 STREET City SANTA MONICA State CA ZIPCode+4 70404	
State ZIP Code + 4	12.b. Amount.
City State ZiP Code + 4	12.a. Nature of interest held or income received.
P.O. Box, Bidg., Room No., if any Street	11.b. Approximate dollar value of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	T.C. Nation of Scaling
Street City State ZIP Code + 4	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No if any	a. Labor Organization b. Trust c. Employer
dealing with your labor organization or with a trust in which your labor organiza 8. Name and address of Business (including trade name, if any).	9. Business deals with:
(2) any part of which consists of buying from or selling or leasing directly or ind	45 E- turkunanta d

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Name of Person Filing	VICKI	GUTIN	SHAP	IRO	File Number U-	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name ALSCHULER GROSSMAN, STEIN & KA'HAN Trade Name, if any:	a. Labor Organization		
P.O. Box, Bidg., Room No., if any 4+4 FLOOR Street 1620 26+4 STREET	b. Trust c. Employer		
CH SANTA MONICA			
State CIA ZIP Code + 4 90 404			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name `	PROVIDES LEGAL		
Trade Name, if any:	SERVICES		
P.O. Box, Bidg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. PPROX 30 mm		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	PAID FOR MY LUNCH		
	9-22-05 ("B" BECAUSE		
	BEGAN REPRESENTING SCREEN ACTORS GUILD		
	BEFORE 9-32)		
	12.b. Amount. \$30 AppROX		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street;			
City			
State ZIP Code + 4			

13.b. Is the Business an Employer

or Consultant

Name of Person Filing VICKI GUTIN SH	APIRO File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name QUINN EMANUEL URQUHAY OLIVER & HEDGES Trade Name, if any:	,
P.O. Box, Bldg., Room No., if any 10 th FLOOR	b. Trust
Street 845 S FIGUEROA ST	√ c. Employer
ch LOS ANGELES	
State CA ZIP Code + 4 900 1 7	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name BELIEVE THE FIRM DOES BUSINESS WITH VARIOUS Trade Name, if any: SIGNATORY EMPLOYER (SPECIFICS UNKNOWN TO ME) P.O. Box, Bldg., Room No., if any	PROVIDES LEGAL SERVICES
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Street	11.b. Approximate dollar value of such dealing. しんにんのいん
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	TY HUSBIND AND I
	ATTENDED THEIR PARTY
	<u>s</u> .
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
20 0000 - 7	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name	of	Person	Filing
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VICKI GUTIN SHAPIRO

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street -	C. Employer
City State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
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City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	12.a. Nature of interest field of income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under	
or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	ATTENDED BREAKEAST
Name ORRICK HERRINGTONS	ATTENDED BREAKFAST, LUNCH & SEMINAR
Trade Name, if any:	PRESENTED BY FIRM
P.O. Box, Bidg., Room No., if any #3200	INCLUDING SMALL
Street 777 S. FIGUEROA STREET	PROMOTIONAL GIFTS
CHY LOS ANGELES	(PEN, ETC) - 10-26-05
State CA ZIP Code + 4 90017	The state of the s
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. APPROX 60

Name of Person Filing VICKI GUTIN S	SHAPIRO File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	* * * * * * * * * * * * * * * * * * *	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Gode +4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name '		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4:	12.a. Nature of interest held or income received.	
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	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	ATTENDED LUNCH &	
Name OGLETREE, DEAKING NASH, STOAK & STEWART PE	SEMINAR PRESENTED BY	
Trade Name, if any:	ARM INCLUDING SMALL	
P.O. Box, Bldg., Room No., if any 5370 FLOOR	PROMOTIONAL GIFTS (PEN	
Street 433 N 5th STREET	ETC) - 11-16-05	
CHY LOG ANGELES	ı	
State CA ZIP Code +4 90071	The state of the s	
13.b. is the Business an Employer ✓ or Consultant ?	14.b. Amount of payment.	
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Name of Person Filing VICKI GUTIN SH	PPIRO File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name LATHAM & WATKINS LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street U33 W. S ^{+N} STREET City LOS ANGELES State CA ZIP Code +4 90071-2007	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name / BELIEVE THE FIRM DOES BUSINESS WITH VARIOUS Trade Name, if any: SIGNATORY EMPLOYE (SPECIFICS UNKNOWN TO ME P.O. Box, Bldg., Room No., if any	PROVIDES LEGAL RS SERVICES	
Street		
City	11.b. Approximate dollar value of such dealing. UNKNOWN	
en en filosofie de la companya de l La companya de la co	12.a. Nature of interest held or income received.	
State ZIP Code + 4	FIRM PROVIDED LUNCH	
	TO ALL THOSE ATTEMPING MEDIATION 12-13-05	
	00000	
	12.b. Amount. APPROX 15	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filling VICKI GUTIN SH	APIRO File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name GEFFNER & BUSH		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 35.00 W. OLIVE	C. Criproyu.	
CILY BURBANK		
State C/A ZIP Code + 4 9/505		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SAG-PRODUCERS PENSION Trade Name, if any:	PROVIDES LEGAL SERVICES	
P.O. Box, Bldg., Room No., if any		
Street 3601 W. OLIVE	11.b. Approximate dollar value of such dealing. () \(\) \(\) \(\) \(\) \(\) \(\) \(\)	
CILY BURBANK	12 a Nature of interest held or income projued	
State CA ZIP Code + 4: 915 \$ -78	30 PAID FOR MY LUNCH 12-15-05	
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	12.b. Amount. APPROX 30	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
Sinte ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	